

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

**Date of Request:** \_\_\_\_\_

2 Serial/Patent #

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$	
		8 TO BE REFUNDED BY:		
		Treasury Check		
		Credit Deposit A/C #:		
10 REASON:		9		
	Overpayment			
	Duplicate Payment			
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		TITLE: _____		
SIGNATURE: _____		PHONE: _____		
OFFICE: ****		*****		
THIS SPACE RESERVED FOR FINANCE USE ONLY:		***** Refin. Ref: 05/27/2005 PKIDWELL 0016592500 UH# 500206 Name/Number: 10519142 FC: 9204 \$500.00 CR		
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

## **Office of Finance**

**Office of Finance  
Refund Branch**

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Crystal Park One, Room 802B**